

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/5758es

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		5				
17		1				
18	1					
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		2				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						